Effective January 1, 2003												1
CLAIMS AS FILED - PART I (Column 1) (Column 2)								WALL EN	ITITY	OR	OTHER SMALL I	
TOTAL CLAIMS			5				Γ	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS) minus 20=		. 0			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		* 0		T	X42=		OR	X84=	
MU	LTIPLE DEPEN	DENT CLAIM PF	RESENT				t	+140=		OR	+280=	
* If	the difference	in column 1 is	less than zero, enter "0" in c			olumn 2	L	TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II								TOIAL		יייי	•	THAN
		(Column 1)	(Column 2)			(Column 3) SMALL			ENTITY OR		OTHER THAN SMALL ENTITY	
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	• 5	Minus	~X	}	=		X\$ 9≃		OR	X\$18≃	
	ndependent + / Minus +++		Ĺ		= -		X42≃		OR	X84=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140=		OR	+280≃	
								TOTAL ODIT, FEE		OD.	TOTAL ADDIT, FEE	
		(Column 1)		(Colu	The same of the last of the la	(Column 3)		/J(), FEE		•	WOII, FEE]	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	IEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	endent Minus AAAA F PRESENTATION OF MULTIPLE DEPENDENT CLAIR		F 01 411 1	=		X42≃		OR	X84=		
L	FIRST PRESE	MIAHON OF MO	JEITPLE DEI	ENUEN	CLAIM		1	+140=		OR	+280=	
								TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu		(Column 3)		,		-		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST BBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	T (2) A11	=	11	X42≈		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +14										OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OB.	TOTAL	-
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE												

Application or Docket Number